

SUPPLEMENT 3

For Federal criminal/civil case filing

**-- PETITIONER'S MOTION FOR REQUESTING
PSYCHOLOGICAL/PSYCHIATRIC EVALUATION
TO DETERMINE ACTUAL INNOCENCE FACTOR
UNDER FALSE CONFESSION ELEMENT AND
TO RESOLVE THE CONTROVERSY/CONFLICT
BETWEEN GOVERNMENT AND PETITIONER
OVER "DELUSIONAL DISORDER" –**

**Brian David Hill (Petitioner) v. United States of
America (Respondent)**

**Criminal Case Number 1:13-cr-435-1
Civil Case Number 1:17-CV-1036**



USWGO Alternative News (USWGO.COM, DEFUNCT)
WE ARE CHANGE (WEARECHANGE.ORG)
INFOWARS.COM (THERE IS A WAR ON FOR YOUR MIND)
Oath Keepers (oathkeepers.org)
FederalJack (FederalJack.com)
Alternative Media/Truth Movement brigade

1. CIR./DIST./ DIV. CODE NCM	2. PERSON REPRESENTED Brian David Hill		VOUCHER NUMBER
3. MAG. DKT./DEF. NUMBER 1:13-cr-435-1		4. DIST. DKT./DEF. NUMBER 1:13-cr-435-1	5. APPEALS DKT./DEF. NUMBER
7. IN CASE/MATTER OF (Case Name) Brian David Hill v. United States of America		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input checked="" type="checkbox"/> Other Adult 2255 Petitioner
10. REPRESENTATION TYPE (See Instructions) MA - 28 U.S.C. § 2255			
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 18:2252A(a)(5)(B) and (b)(2) Activities relating to material constituting or containing child pornography			

REQUEST AND AUTHORIZATION FOR EXPERT SERVICES

12. ATTORNEY'S STATEMENT

As the attorney for the person represented, who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request:

Authorization to obtain the service. Estimated Compensation and Expenses: \$ 2,550.00 OR
 Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. (Note: Prior authorization should be obtained for services in excess of \$800, excluding expenses)

Signature of Attorney

Brian D. Hill

Date 6/22/2018

Panel Attorney Retained Attorney Pro-Se Legal Organization

ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS

Brian D. Hill
310 Forest Street, Apartment 2, Martinsville, VA

Telephone Number: (276) 790-3505

13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See Instructions)

Attached to Motion requesting Mental Health Examination service, has the description and legal basis for justification for services.

15. COURT ORDER

Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 12 is hereby granted.

Signature of Presiding Judge or By Order of the Court

Date of Order

Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time of authorization.

 YES NO

14. TYPE OF SERVICE PROVIDER (See Instructions)

01	<input type="checkbox"/> Investigator	17	<input type="checkbox"/> Hair/Fiber Expert
02	<input type="checkbox"/> Interpreter/Translator	18	<input type="checkbox"/> Computer (Hardware/Software/Systems)
03	<input checked="" type="checkbox"/> Psychologist	19	<input type="checkbox"/> Paralegal Services
04	<input type="checkbox"/> Psychiatrist	20	<input type="checkbox"/> Legal Analyst/Consultant
05	<input type="checkbox"/> Polygraph	21	<input type="checkbox"/> Jury Consultant
06	<input type="checkbox"/> Documents Examiner	22	<input type="checkbox"/> Mitigation Specialist
07	<input type="checkbox"/> Fingerprint Analyst	23	<input type="checkbox"/> Duplication Services
08	<input type="checkbox"/> Accountant	24	<input type="checkbox"/> Other (Specify)
09	<input type="checkbox"/> CALR (Westlaw/Lexis, etc.)	25	<input type="checkbox"/> Litigation Support Services
10	<input type="checkbox"/> Chemist/Toxicologist	26	<input type="checkbox"/> Computer Forensics Expert
11	<input type="checkbox"/> Ballistics		
13	<input type="checkbox"/> Weapons/Firearms/Explosive Expert		
14	<input type="checkbox"/> Pathologist/Medical Examiner		
15	<input type="checkbox"/> Other Medical		
16	<input type="checkbox"/> Voice/Audio Analyst		

CLAIM FOR SERVICES AND EXPENSES

FOR COURT USE ONLY

16. SERVICES AND EXPENSES (Attach itemization of services with dates)		AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW
a. Compensation		2,550.00		
b. Travel Expenses (lodging, parking, meals, mileage, etc.)				
c. Other Expenses				
GRAND TOTALS (CLAIMED AND ADJUSTED):		\$2,550.00	\$0.00	

17. PAYEE'S NAME AND MAILING ADDRESS

Lepage Associates
Solution-Based Psychological & Psychiatric Services
5842 Fayetteville Road #106, Durham, NC 27713

TIN: _____

(919) 572-0000

CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____

TO _____

CLAIM STATUS Final Payment Interim Payment Number _____ Supplemental Payment

I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services.

Signature of Claimant/Payee _____

Date _____

18. CERTIFICATION OF ATTORNEY I hereby certify that the services were rendered for this case.

Signature of Attorney _____

Date _____

APPROVED FOR PAYMENT — COURT USE ONLY

19. TOTAL COMPENSATION	20. TRAVEL EXPENSES	21. OTHER EXPENSES	22. TOTAL AMOUNT APPROVED/CERTIFIED
			\$0.00

23. Either the total cost (excluding expenses) of all services combined does not exceed \$800, or prior authorization was obtained.
 Prior authorization was not obtained, but in the interest of justice the Court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$800.

24. TOTAL COMPENSATION	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMOUNT APPROVED
			\$0.00

28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. § 3006A(e)(3)

Signature of Chief Judge, Court of Appeals (or Delegate) _____

Date _____

Judge Code _____